

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

11

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		1038787.58
(b) Cash on Hand at Beginning of Reporting Period .....	967364.25	
(c) Total Receipts (from Line 19) .....	254668.95	1164146.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1222033.20	2202934.53
7. Total Disbursements (from Line 31) .....	98405.51	1079306.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1123627.69	1123627.69
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	114111.04	419920.68
(i) Itemized (use Schedule A) .....	57720.39	263534.22
(ii) Unitemized .....	171831.43	683454.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	6750.00
(c) Other Political Committees (such as PACs) .....	171831.43	690204.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	82450.00	465975.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	387.52	3444.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	254668.95	1164146.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	254668.95	1164146.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	405.51	4673.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	405.51	4673.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98000.00	1073580.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	750.00
29. Other Disbursements.....	0.00	303.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	98405.51	1079306.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	98405.51	1079306.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	171831.43	690204.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	171831.43	689454.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	405.51	4673.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	405.51	2651.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Sandra Elza

Mailing Address P O Box 720

City State Zip Code  
 Ripley WV 25271-0720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jackson General Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625353

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Dorothy Oakes

Mailing Address 2042 Henry Clay Drive

City State Zip Code  
 Morgantown WV 26508-0020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Virginia University  
Hospitals

Occupation  
VP CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625365

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)

Dr. Joseph Endrich, M.D.

Mailing Address 601 Colliers Way

City State Zip Code  
 Weirton WV 26062-5014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Weirton Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625368

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. George Perich  
Mailing Address 905 Riverview Drive

City State Zip Code  
Fairmont WV 26554-1435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fairmont General Hospital

Occupation  
Vice President Human Resources and Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625369

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Doak  
Mailing Address P O Box 1484

City State Zip Code  
Elkins WV 26241-1484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Davis Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625370

Amount of Each Receipt this Period

262.50

**C.** Full Name (Last, First, Middle Initial)  
Zarina Rasheed, MD  
Mailing Address 56 Timberidge Drive

City State Zip Code  
Beckley WV 25801-3610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beckley Appalachian Regional Hospital

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625371

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

762.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Bruce McClymonds

Mailing Address Medical Center Drive

City State Zip Code  
Morgantown WV 26506-4749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Virginia University  
Hospitals

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625372

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Mr Robert D Whittler

Mailing Address 5 Evergreen Drive

City State Zip Code  
Elkview WV 25071-9314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charleston Area Medical  
Center

Occupation  
Vice President Government and Community

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625373

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Tony E Atkins

Mailing Address 1 Amalia Drive

City State Zip Code  
Buckhannon WV 26201-2276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph's Hospital of  
Buckhannon

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625374

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Larry C Hudson  
Mailing Address 5035 Bennington Drive

City State Zip Code  
Charleston WV 25313-2055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charleston Area Medical  
Center

Occupation  
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625375

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L Ramsey  
Mailing Address P O Box 1547

City State Zip Code  
Charleston WV 25326-1547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charleston Area Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625376

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Campbell  
Mailing Address 125 Water Side Circle

City State Zip Code  
Winfield WV 25213-9551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Mary's Medical Center

Occupation  
Vice President Financial Affairs and C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625377

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Glenn Crotty, Jr., M.D.

Mailing Address 36E Coventry Road

City State Zip Code  
 South Charleston WV 25309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charleston Area Medical  
Center

Occupation  
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625378

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John McKnight

Mailing Address 210 Rivercrest Drive

City State Zip Code  
 Morgantown WV 26508-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Monongalia General Hospital

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625380

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger S John

Mailing Address P O Box 366

City State Zip Code  
 Phillipsburg KS 67661-0366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Great Plains Health Alliance, Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 0 / 2 0 0 7

Transaction ID: 14626235

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Greg Lundstrom  
Mailing Address 605 West Lincoln Street

City State Zip Code  
Lindsborg KS 67456-2328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lindsborg Community Hospi-  
tal

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14626236

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry R Lambert, , CHE  
Mailing Address 1201 West 12th Avenue

City State Zip Code  
Emporia KS 66801-2504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newman Regional Health

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14626237

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter H Alexander  
Mailing Address 1907 West Sycamore St, 4th Fl

City State Zip Code  
Kokomo IN 46901-5148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seton Specialty Hospital  
of Kokomo

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14626313

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kyle De Fur, , FACHE  
Mailing Address 2015 Jackson Street

City State Zip Code  
Anderson IN 46016-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint John's Health System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14626314

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Patterson  
Mailing Address 1100 Ninth Avenue

City State Zip Code  
Seattle WA 98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason Medical Ce-  
nter

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14629910

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Steiger  
Mailing Address 2901 Squaticum Parkway

City State Zip Code  
Bellingham WA 98225-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14629911

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Gail C Larson

Mailing Address P O Box 1147

City State Zip Code  
 Everett WA 98206-1147

FEC ID number of contributing federal political committee.

C

Name of Employer  
Providence Everett Medical  
CenterOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 14629912

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. James A Wathen

Mailing Address PO Box 11

City State Zip Code  
 Bandon OR 97411-0011

FEC ID number of contributing federal political committee.

C

Name of Employer  
Southern Coos Hospital and  
Health CentOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643167

Amount of Each Receipt this Period

675.00

C. Full Name (Last, First, Middle Initial)

Mrs. Rosemari Davis

Mailing Address 2323 NW Nut Tree Lane

City State Zip Code  
 McMinnville OR 97128-8037

FEC ID number of contributing federal political committee.

C

Name of Employer  
Willamette Valley Medical  
CenterOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643170

Amount of Each Receipt this Period

212.00

SUBTOTAL of Receipts This Page (optional) .....

1387.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jay Henry  
Mailing Address 2460 SE Bitterbrush

City State Zip Code  
Madras OR 97741-9443

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mountain View Hospital DistrictOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643173

Amount of Each Receipt this Period

202.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew S. Davidson  
Mailing Address 2123 Ridgebrook Drive

City State Zip Code  
West Linn OR 97068-1943

FEC ID number of contributing federal political committee.

C

Name of Employer  
Oregon Association of Hospitals & HealthOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643174

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gwen Dayton  
Mailing Address 12781 SW Terraview Drive

City State Zip Code  
Tigard OR 97224-0703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Oregon Association of Hospitals & HealthOccupation  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

952.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Earls  
Mailing Address 671 Kingwood Drive, NW

City State Zip Code  
Salem OR 97304-3656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation  
Vice President, Finance & Health Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 14643176

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven E Brown, , FACHE  
Mailing Address 12040 NE 128th Street

City State Zip Code  
Kirkland WA 98034-3013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evergreen Healthcare

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652813

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald O'Halloran  
Mailing Address 36 Klondike Road

City State Zip Code  
Republic WA 99166-9701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ferry County Memorial Hos-  
pital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652814

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott W Bosch

Mailing Address 2520 Cherry Avenue

City State Zip Code  
Bremerton WA 98310-4270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrison Medical CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14652815

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Kruse

Mailing Address 6860 NW RANGER Way

City State Zip Code  
Silverdale WA 98383-6306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrison Medical CenterOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14652816

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike Miller

Mailing Address 2520 Cherry Avenue

City State Zip Code  
Bremerton WA 98310-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harrison Medical CenterOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14652817

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Wallen  
Mailing Address 2520 Cherry Avenue

City State Zip Code  
Bremerton WA 98310-4229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harrison Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652818

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rand J Wortman  
Mailing Address 888 Swift Boulevard

City State Zip Code  
Richland WA 99352-3542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kadlec Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652819

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harold S Geller  
Mailing Address 315 North 14th Street

City State Zip Code  
Othello WA 99344-1297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Othello Community Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652820

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Couture  
Mailing Address 101 West Eighth Avenue

City State Zip Code  
Spokane WA 99204-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Medical Cent-  
er

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652821

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg Reed  
Mailing Address 2000 Hospital Drive

City State Zip Code  
Sedro Woolley WA 98284-4327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United General Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652822

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Haven  
Mailing Address 2811 Tieton Drive

City State Zip Code  
Yakima WA 98902-3761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yakima Valley Memorial Ho-  
spital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652823

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Dennis A Popp

Mailing Address P O Box 218

City State Zip Code  
Enumclaw WA 98022-0218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Enumclaw Regional Hospital

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652824

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Michael D. Wilson

Mailing Address 1228 E. Overbluff

City State Zip Code  
Spokane WA 99203-3453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sacred Heart Medical Cent-  
er

Occupation  
President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652825

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Gregg A Davidson

Mailing Address P O Box 1376

City State Zip Code  
Mount Vernon WA 98273-1376

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Skagit Valley Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652826

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John T Evans, Jr.

Mailing Address P O Box 1887

City

Wenatchee

State

WA

Zip Code

98807-1887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Washington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652827

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.  
Ste. 300

City

Seattle

State

WA

Zip Code

98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington State Hospital  
Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652828

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653214

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Reese Jackson

Mailing Address 103 Anne Glass Road

City State Zip Code  
 Winchester VA 22602-6679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Health System

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Harry Meador, II

Mailing Address 4925 Boonesboro Road

City State Zip Code  
 Lynchburg VA 24503-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation  
VP, Director Cardiac Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. George W Dawson

Mailing Address 2700 Trents Ferry Road

City State Zip Code  
 Lynchburg VA 24503-6420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Eileen Dohmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 6508 Flowerdew Hundred Ct.		<b>Transaction ID:</b> 14653228
City Centreville	State VA	Zip Code 20120-3755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mary Washington Hospital	Occupation Vice President, Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Natalie Kaszubowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 300 East 40th Street		<b>Transaction ID:</b> 14653235
City Norfolk	State VA	Zip Code 23504-1010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Sentara Healthcare	Occupation Corporate Director of Clinical Resource	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Long		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 7723 Stuart Hall Road		<b>Transaction ID:</b> 14653239
City Richmond	State VA	Zip Code 23229-6615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Hospital & Healthcare Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Donna Littlepage

Mailing Address 610 Broce Drive

City State Zip Code  
 Blacksburg VA 24060-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carilion Health System

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653240

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Hugh Thornhill

Mailing Address 2715 Rosalind Avenue, SW

City State Zip Code  
 Roanoke VA 24014-2329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carilion Health System

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653247

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Matthew Keats

Mailing Address 4417 Corporation Lane

City State Zip Code  
 Virginia Beach VA 23462-3162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sentara Virginia Beach Ge-  
neral Hospital

Occupation  
VP, Medical Care Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653260

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. William H. Flannagan, Jr.

Mailing Address 3131 Rivanna Court

City	State	Zip Code
Woodbridge	VA	22192-3373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Potomac HospitalOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14653261

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Duval

Mailing Address 3307 Brewton Way

City	State	Zip Code
Midlothian	VA	23113-3793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VCU Health SystemOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14653265

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy H Agee

Mailing Address 802 Cherrywood Road

City	State	Zip Code
Salem	VA	24153-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chesapeake General HospitalOccupation  
Director, Volunteer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: 14653266

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Joseph L Woodin

Mailing Address P O Box 2000

City State Zip Code  
 Randolph VT 05060-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gifford Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653279

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Barry G Beeman

Mailing Address 17 Belmont Avenue

City State Zip Code  
 Brattleboro VT 05301-6613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brattleboro Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653280

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Peter A Hofstetter

Mailing Address P O Box 1370

City State Zip Code  
 Saint Albans VT 05478-1370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653281

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Spicer  
Mailing Address 2635 North 7th Street

City State Zip Code  
Grand Junction CO 81501-8209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Hospital and  
Medical Center

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653835

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David P Gehant  
Mailing Address P O Box 9019

City State Zip Code  
Boulder CO 80301-9019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boulder Community Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653856

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Eitel  
Mailing Address P O Box 1326

City State Zip Code  
Colorado Springs CO 80901-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653862

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John S. Howard

Mailing Address 1362 Arbor Bluffs Circle

City State Zip Code  
Ballwin MO 63021-3702

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. John's Mercy Medical CenterOccupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653867

Amount of Each Receipt this Period

225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald E. Kalicak

Mailing Address 160 Hunters Pointe Drive

City State Zip Code  
Saint Charles MO 63304-7129

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. John's Mercy Health CareOccupation  
Director, Planning & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653868

Amount of Each Receipt this Period

225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan Dixon

Mailing Address 747 Broadway Avenue

City State Zip Code  
Seattle WA 98122-4379

FEC ID number of contributing federal political committee.

C

Name of Employer  
Swedish Health ServicesOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653925

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Peter Morgan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2700 125nd Avenue Northeast		<b>Transaction ID:</b> 14653926
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Group Health Eastside Hos- pital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 9326 Perglen Road		<b>Transaction ID:</b> 14653939
City Baltimore	State MD	Zip Code 21236-1628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Maryland Hospital Associa- tion	Occupation Sr. Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Denise Matricciani		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 4423 Necker Avenue		<b>Transaction ID:</b> 14653940
City Baltimore	State MD	Zip Code 21236-2968
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Maryland Hospital Associa- tion	Occupation Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Beverly L. Miller  
Mailing Address 6820 Deerpath Road

City State Zip Code  
Elkridge MD 21075-6234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
V.P., Professional Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653941

Amount of Each Receipt this Period

600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Calvin M. Pierson  
Mailing Address 4 Kampman Court

City State Zip Code  
Sparks MD 21152-9423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653942

Amount of Each Receipt this Period

800.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Sokolowski  
Mailing Address 12891 Eagles View Road

City State Zip Code  
Phoenix MD 21131-2312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Sr. Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653943

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vahe A. Kazandjian

Mailing Address 8392 Sweet Cherry Lane

City State Zip Code  
Laurel MD 20723-1062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Sr. Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653944

Amount of Each Receipt this Period

600.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Joyce Eierman

Mailing Address 6820 Deerpath Road

City State Zip Code  
Elkridge MD 21075-6200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653945

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Nancy M. Fiedler

Mailing Address 3619 Stansbury Mill Road

City State Zip Code  
Phoenix MD 21131-1730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Sr. VP Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653946

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rhonda Anderson  
Mailing Address 900 Caton Avenue

City State Zip Code  
Baltimore MD 21229-5299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Agnes HealthCare

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653947

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pegeen Townsend  
Mailing Address 225 Nckeon Road

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Sr. Vice President, Legislative Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653948

Amount of Each Receipt this Period

600.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David P. Foley  
Mailing Address 6820 Deerpath Road

City State Zip Code  
Elkridge MD 21075-6200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653949

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen M Erixon  
Mailing Address 220 Windy Ridge

City State Zip Code  
Hollister MO 65672-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skaggs Community Health  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653954

Amount of Each Receipt this Period

42.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Nancy Harris  
Mailing Address P O Box 250

City State Zip Code  
Marshall MO 65340-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fitzgibbon Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653956

Amount of Each Receipt this Period

275.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Warren K Spellman  
Mailing Address P O Box DD

City State Zip Code  
Taos NM 87571-6284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 14653957

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

817.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 33 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Herzog

Mailing Address 601 Martin Luther King Dr. NE

City State Zip Code  
 Albuquerque NM 87102-3670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lovelace Medical Center-D-  
owntown

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 14653963

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph A. Valdez

Mailing Address 455 St. Michael's Drive

City State Zip Code  
 Santa Fe NM 87505-7663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Regional Medi-  
cal Center

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 14653966

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen J Campbell

Mailing Address P O Box 489

City State Zip Code  
 Clayton NM 88415-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union County General Hosp-  
ital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: 14653969

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

840.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Hollie Harris  
Mailing Address 1220 Harrodsburg Road

City State Zip Code  
Lexington KY 40504-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Appalachian Regional Heal-  
thcare

Occupation  
Director of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 14653974

Amount of Each Receipt this Period

600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tony E. Welch  
Mailing Address 112 Deerfield Hills Road

City State Zip Code  
Elizabethtown KY 42701-6974

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hardin Memorial Hospital

Occupation  
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14653980

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Jackson  
Mailing Address Post Office Box 668

City State Zip Code  
Prestonsburg KY 41653-0668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highlands Regional Medical  
Center

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14653982

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen A Weller

Mailing Address 189 Prouty Drive

City

Newport

State

VT

Zip Code

05855-9820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Hospital and  
Health Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14653988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City

Rutland

State

VT

Zip Code

05701-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutland Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14653989

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City

Longmeadow

State

MA

Zip Code

01106-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Medical Center

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen L Abbott  
Mailing Address 88 Lewis Bay Road

City State Zip Code  
Hyannis MA 02601-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cape Cod Healthcare, Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659209

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. Bane  
Mailing Address 41 Arthur Avenue

City State Zip Code  
Marblehead MA 01945-1107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Shore Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659210

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven F Bradley  
Mailing Address 759 Chestnut Street

City State Zip Code  
Springfield MA 01199-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baystate Health, Inc.

Occupation  
Vice President Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659211

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John A. Dresser

Mailing Address One Kelly Lane

City State Zip Code  
Wayland MA 01778-1034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerson Hospital

Occupation  
Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659214

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street  
220

City State Zip Code  
Burlington MA 01803-3766

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Organization  
of Nurse Ex

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659215

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. William P. Fleming

Mailing Address 36 Blossom Street

City State Zip Code  
Norwood MA 02062-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caritas Norwood Hospital

Occupation  
Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659216

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Mark L Goldstein  
Mailing Address 25 Highland Avenue

City State Zip Code  
Newburyport MA 01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659217

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Stephen J Guimond  
Mailing Address 100 Ter Heun Drive

City State Zip Code  
Falmouth MA 02540-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Falmouth Hospital

Occupation  
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659218

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Leslie A. Joseph  
Mailing Address 330 Mount Auburn Street

City State Zip Code  
Cambridge MA 02138-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Auburn Hospital

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659219

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard Kropp

Mailing Address 46 Forest Lane

City

Scituate

State

MA

Zip Code

02066-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape Cod Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Anne L Levine

Mailing Address 44 Binney Street

City

Boston

State

MA

Zip Code

02115-6084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dana-Farber Cancer Institute

Occupation

Vice President External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Keith C. McLean-Shinaman

Mailing Address 53n Hayes Road

City

Tariffville

State

CT

Zip Code

06081-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Health, Inc.

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , CHE Mailing Address 60 Hospital Road City Leominster State MA Zip Code 01453-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Health Alliance Hospitals Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14659224</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Mundell Mailing Address 403 Cairn Ridge Road City East Falmouth State MA Zip Code 02536-7931 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cape Cod Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14659225</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert G Norton, , CHE Mailing Address 81 Highland Avenue City Salem State MA Zip Code 01970-2768 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer North Shore Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14659226</b> Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code  
 Newburyport MA 01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659227

Amount of Each Receipt this Period

550.00

B. Full Name (Last, First, Middle Initial)

Mr. Hank J Porten, , CHE

Mailing Address 575 Beech Street

City State Zip Code  
 Holyoke MA 01040-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holyoke Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659228

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Thomas C Porter

Mailing Address 88 Washington Street

City State Zip Code  
 Taunton MA 02780-2465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morton Hospital and Medic-  
al Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659229

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Reid-Ponte

Mailing Address 23 Indian Hill Road

City State Zip Code  
 Arlington MA 02476-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dana-Farber Cancer Institute

Occupation  
Sr. VP and CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Francis M Saba

Mailing Address 14 Prospect Street

City State Zip Code  
 Milford MA 01757-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milford Regional Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael V Sack

Mailing Address 585 Lebanon Street

City State Zip Code  
 Melrose MA 02176-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallmark Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659232

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Ms. Christine C Schuster

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code  
 Concord MA 01742-9120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerson Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659234

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Peter Semenza

Mailing Address 330 Mount Auburn Street

City State Zip Code  
 Cambridge MA 02138-5597

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mount Auburn Hospital

Occupation  
Vice President Financial Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Mr. William J. Shickolovich

Mailing Address 585 Sharpners Pond Road

City State Zip Code  
 North Andover MA 01845-3335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts-New England Medical  
Center

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659238

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark R Tolosky, , FACHE, J

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659240

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William P. Tringali

Mailing Address 12 Delano Avenue

City

Kingston

State

MA

Zip Code

02364-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quincy Medical Center

Occupation

Director, Materials Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659241

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Roger D Wiseman

Mailing Address 81 Highland Avenue

City

Salem

State

MA

Zip Code

01970-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Medical Center

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Anne Severo

Mailing Address 92 Corey Street

City State Zip Code  
West Roxbury MA 02132-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas St. Elizabeth's  
Medical Center

Occupation  
Senior Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659244

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas F Dean, Jr.

Mailing Address One Elliot Way

City State Zip Code  
Manchester NH 03103-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elliot Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659822

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code  
Hopkinton NH 03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation  
Vice President, Rural Health & Reimbur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659824

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John F Prochilo

Mailing Address 70 Butler Street

City State Zip Code  
 Salem NH 03079-3925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northeast Rehabilitation  
Hospital

Occupation  
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659825

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr Frank G McDougall

Mailing Address One Medical Center Drive

City State Zip Code  
 Lebanon NH 03756-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dartmouth-Hitchcock Medic-  
al Center

Occupation  
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659826

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Alvin D Felgar

Mailing Address 11 Whitehall Road

City State Zip Code  
 Rochester NH 03867-3297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frisbie Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659828

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Ainsworth

Mailing Address Post Office Box 967

City State Zip Code  
Louisville MS 39339-0967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Winston Medical Center

Occupation  
Director, Hospital Maintenance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667654

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City State Zip Code  
Pascagoula MS 39581-5300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Singing River Hospital Sys-  
tem

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667656

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. James D. Baker

Mailing Address 3516 N. River Ridge Drive

City State Zip Code  
D'Iberville MS 39540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Community Health Systems

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667660

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sam W. Cameron  
Mailing Address 28 Waterford Place

City State Zip Code  
Jackson MS 39211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667670

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James G Chastain, , CHE  
Mailing Address P O Box 157-A

City State Zip Code  
Whitfield MS 39193-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi State Hospital

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667673

Amount of Each Receipt this Period

205.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Chioco  
Mailing Address 1220 Jefferson Street

City State Zip Code  
Laurel MS 39440-4374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Central Regional Me-  
dical Center

Occupation  
Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667674

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. C. Gerald Cotton  
Mailing Address 1225 N. State Street

City State Zip Code  
Jackson MS 39202-2064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mississippi Baptist Medic-  
al Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667675

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles L Denton

Mailing Address 960 Avent Drive

City State Zip Code  
Grenada MS 38901-5230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grenada Lake Medical Cent-  
er

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667677

Amount of Each Receipt this Period

225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike R. Edwards

Mailing Address Post Office Box 259

City State Zip Code  
Morton MS 39117-0259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scott Regional Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667681

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Guy Geller

Mailing Address P O Box 351

City State Zip Code  
 Magnolia MS 39652-0351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacham Memorial Hospital

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667686

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Lawrence Graeber

Mailing Address 124 E. Waterwood Drive

City State Zip Code  
 Brandon MS 39047-6527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals and  
Clinics, Univ

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667687

Amount of Each Receipt this Period

205.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Jimmy Graves

Mailing Address 100 Hospital Drive

City State Zip Code  
 Tylertown MS 39667-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walthall County General  
Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667688

Amount of Each Receipt this Period

290.00

**SUBTOTAL** of Receipts This Page (optional) .....

645.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Claude W Harbarger  
Mailing Address 969 Lakeland Drive

City State Zip Code  
Jackson MS 39216-4699

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Dominic-Jackson Memor-  
ial Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667692

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Fred B Hood, , FACHE  
Mailing Address P O Box 790

City State Zip Code  
Pontotoc MS 38863-0790

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Mississippi Medical  
Center-Ponto

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667695

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry M Howell  
Mailing Address P O Box 630

City State Zip Code  
Columbia MS 39429-0630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marion General Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667696

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harold Livingston  
Mailing Address 5001 Statesman Dr

City State Zip Code  
Irving TX 75063-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merritt Hawkins & Associa-  
tes

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667701

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Josh McNulty  
Mailing Address 301 Eighth Avenue Southwest

City State Zip Code  
Magee MS 39111-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer Health Services

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667707

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kurt W Metzner  
Mailing Address 1225 North State Street

City State Zip Code  
Jackson MS 39202-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Baptist Health  
System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667708

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Stephen Nichols

Mailing Address P O Box 1380

City State Zip Code  
 Cleveland MS 38732-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bolivar Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667713

Amount of Each Receipt this Period

860.00

B. Full Name (Last, First, Middle Initial)

Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City State Zip Code  
 Tupelo MS 38801-4996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Mississippi Health  
Services, Inc

Occupation  
Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667799

Amount of Each Receipt this Period

800.00

C. Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address Liberty Place, Suite 700  
 325 Seventh Street, NW

City State Zip Code  
 Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14668361

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Donna M Oliver  
Mailing Address 1410 North Fourth Street

City State Zip Code  
Clinton IA 52732-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Clin-  
ton

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668381

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C Sheehan  
Mailing Address P O Box 3026

City State Zip Code  
Cedar Rapids IA 52406-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation  
Executive Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668382

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn E. Kaptain-Dahlen  
Mailing Address 801 15th Street  
Box 203

City State Zip Code  
Sioux City IA 51105-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Sioux  
City

Occupation  
Vice President, Regionalization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668383

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Joan Bierman  
Mailing Address 300 Sioux Valley Drive

City State Zip Code  
Cherokee IA 51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Regional Medical  
Center

Occupation  
Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668384

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd C Linden  
Mailing Address 210 Fourth Avenue

City State Zip Code  
Grinnell IA 50112-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grinnell Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668445

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne Goche  
Mailing Address 410 Main Street

City State Zip Code  
Manning IA 51455-1093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manning Regional Healthca-  
re Center

Occupation  
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668446

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey M Cooper

Mailing Address 1118 11th Street

City State Zip Code  
 De Witt IA 52742-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Medical Center,  
DeWitt

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jay Christensen

Mailing Address 1229 'C' Avenue East

City State Zip Code  
 Oskaloosa IA 52577-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mahaska Health Partnership

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668502

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

C. Mr. James G FitzPatrick

Mailing Address 1000 Fourth Street SW

City State Zip Code  
 Mason City IA 50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668503

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1015.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Douglas E Morse

Mailing Address 1000 Fourth Street SW

City State Zip Code  
Mason City IA 50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation  
Senior Vice President Network and Clin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668524

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Scott Leighty

Mailing Address 1000 Fourth Street SW

City State Zip Code  
Mason City IA 50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Joseph LeValley

Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation  
Senior Vice President Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668528

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David H Vellinga

Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
MoinesOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Transaction ID: 14668534

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Tibbitts

Mailing Address 802 Kenyon Road

City State Zip Code  
Fort Dodge IA 50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Regional Medical  
CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Transaction ID: 14668535

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code  
West Burlington IA 52655-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great River Medical CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Transaction ID: 14668536

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory A Paris  
Mailing Address 6580 165th Street

City State Zip Code  
Albia IA 52531-8793

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Monroe County Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668538

Amount of Each Receipt this Period

502.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. John M Comstock  
Mailing Address 300 Sioux Valley Drive

City State Zip Code  
Cherokee IA 51012-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cherokee Regional Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668561

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barry G. Goettsch  
Mailing Address 300 Sioux Valley Drive

City State Zip Code  
Cherokee IA 51012-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cherokee Regional Medical  
Center

Occupation  
Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668563

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1002.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. C James Platt  
Mailing Address 5446 Avenue O# 174

City State Zip Code  
Fort Madison IA 52627-0174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Madison Community Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668564

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Clarence Brewton  
Mailing Address 1833 Foxwood Circle

City State Zip Code  
Mitchellville MD 20721-4139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedStar Health

Occupation  
Vice President Regulatory Compliance,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14669399

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stanley R Korducki  
Mailing Address 950 West Wooster Street

City State Zip Code  
Bowling Green OH 43402-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wood County Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14670054

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kevin C Martin Mailing Address 630 East River Street City Elyria State OH Zip Code 44035-5902 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14670055</b> Amount of Each Receipt this Period 350.00
Name of Employer EMH Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lyndon Christman Mailing Address 203 Bryn Drive City Granville State OH Zip Code 43023-1503 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14670056</b> Amount of Each Receipt this Period 275.00
Name of Employer Fayette County Memorial Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. George Massar Mailing Address 820 Abingdon Lane City Bowling Green State OH Zip Code 43402-8517 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID: 14670057</b> Amount of Each Receipt this Period 250.00
Name of Employer Wood County Hospital Occupation Vice President, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....**875.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert W Shroder

Mailing Address 9325 Bay Hill Drive NE

City State Zip Code  
 Warren OH 44484-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Humility of Mary Health  
Partners

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14670058

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code  
 Granville OH 43023-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14670073

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. David L Gray

Mailing Address 913 North Dixie Avenue

City State Zip Code  
 Elizabethtown KY 42701-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardin Memorial Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14671534

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Milton Brooks  
Mailing Address 850 Riverview Avenue

City State Zip Code  
Pineville KY 40977-1430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pineville Community Hospi-  
tal Associati

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14671535

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Fred L Jackson, , FACHE  
Mailing Address P O Box 151

City State Zip Code  
Ashland KY 41105-0151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
King's Daughters Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14671735

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank A. Butler  
Mailing Address 437 Adair Road

City State Zip Code  
Lexington KY 40536-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Kentucky Ho-  
spital

Occupation  
Vice President/Medical Center Operatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672114

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis B Johnson  
Mailing Address 1025 New Moody Lane

City State Zip Code  
La Grange KY 40031-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital Northeast

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672116

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Connie D Smith  
Mailing Address P O Box 90010

City State Zip Code  
Bowling Green KY 42102-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center at Bowling  
Green, The

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672672

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan Stout Tamme, FACHE  
Mailing Address 4000 Kresge Way

City State Zip Code  
Louisville KY 40207-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital East

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672674

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joanna G. Thomas

Mailing Address 162 Talbott Drive

City State Zip Code  
Bowling Green KY 42103-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Kentucky Rehabi-  
litation HospOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14672675

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Charles Black

Mailing Address P O Box 1310

City State Zip Code  
Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory CaOccupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14672690

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen A Estes

Mailing Address P O Box 1310

City State Zip Code  
Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory CaOccupation  
President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14672691

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Richard Laib

Mailing Address 1236 Thistledown Court

City State Zip Code  
 Hebron KY 41048-8438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke Hospital West

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672705

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Stephen L Meredith

Mailing Address 910 Wallace Avenue

City State Zip Code  
 Leitchfield KY 42754-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Twin Lakes Regional Medic-  
al Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14672706

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Chris Carle

Mailing Address 238 Barnes Road

City State Zip Code  
 Williamstown KY 41097-9460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Elizabeth Medical Cen-  
ter-Grant Cou

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14673943

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Heather Cote

Mailing Address 2830 Shoemaker Drive

City State Zip Code  
Louisville KY 40241-6501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Norton Suburban Hospital

Occupation  
VP/Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14673945

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Joseph DeVenuto

Mailing Address 4001 Dutchmans Lane

City State Zip Code  
Louisville KY 40207-4714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Norton Suburban Hospital

Occupation  
Assistant Vice President/CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14673946

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas J. Eighmey

Mailing Address 4120 Lilac Vista Drive

City State Zip Code  
Louisville KY 40241-4198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kosair Children's Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14673954

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Thomas D Kmetz

Mailing Address P O Box 17550

City State Zip Code  
Louisville KY 40217-0550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Norton Audubon Hospital

Occupation  
President/South Central Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14673956

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Mr. J. Michael Horsley

Mailing Address 8107 Henslow Court

City State Zip Code  
Montgomery AL 36117-7475

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14674360

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Mr. J. Frazer Rolen, Jr.

Mailing Address 2204 Lakeshore Drive  
Suite 230

City State Zip Code  
Birmingham AL 35209-6729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
Sr. VP & Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14674361

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City State Zip Code  
 Montgomery AL 36117-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
VP, State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14674362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James Ramsey

Mailing Address 530 South Jackson Street

City State Zip Code  
 Louisville KY 40202-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Louisville  
Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin S Wardell

Mailing Address P O Box 35070

City State Zip Code  
 Louisville KY 40232-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Hospital

Occupation  
President/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674455

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Tracy E Williams

Mailing Address 234 East Gray Street, Ste. 225

City State Zip Code  
Louisville KY 40202-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark M Gordon

Mailing Address P O Box 789

City State Zip Code  
Ashland KY 41105-0789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Our Lady of Bellefonte Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674856

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald R Fields

Mailing Address 100 Medical Center Drive

City State Zip Code  
Hazard KY 41701-9421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hazard ARH Regional Medic-  
al Center

Occupation  
Senior Community Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674874

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1070.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jerry Haynes

Mailing Address P O Box 8086

City State Zip Code  
 Lexington KY 40533-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appalachian Regional Heal-  
thcare

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674875

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr J.D. Miller, , M.D.

Mailing Address P O Box 579

City State Zip Code  
 West Liberty KY 41472-0579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morgan County Appalachian  
Regional Hos

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674876

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. Jack G. Blackwell

Mailing Address 520 24th Street

City State Zip Code  
 Ashland KY 41101-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674884

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code  
Manasquan NJ 8736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iationOccupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 14674895

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary S. Carter, FACHE

Mailing Address 35 DeHart Drive

City State Zip Code  
Belle Mead NJ 08502-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iationOccupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 14674896

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code  
Langhorne PA 19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iationOccupation  
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 14674901

Amount of Each Receipt this Period

135.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City State Zip Code  
 Robbinsville NJ 8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674906

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code  
 Livingston NJ 7039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674910

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Mr. Guy P. Evans

Mailing Address 41 Manitto Place

City State Zip Code  
 Oceanport NJ 7757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674911

Amount of Each Receipt this Period

135.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
 New Hope PA 18938

FEC ID number of contributing federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iationOccupation  
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.17

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674920

Amount of Each Receipt this Period

55.83

B. Full Name (Last, First, Middle Initial)

Mr. William W. Kennedy

Mailing Address 1549 North Valley Road

City State Zip Code  
 Malvern PA 19355-9796

FEC ID number of contributing federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iationOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674925

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)

Mr. John K Lloyd

Mailing Address 1350 Campus Parkway

City State Zip Code  
 Wall Township NJ 07753-6821

FEC ID number of contributing federal political committee.

C

Name of Employer  
Meridian HealthOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

930.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John P McGee

Mailing Address 6 Old Mill Road

City State Zip Code  
Holmdel NJ 07733-2315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Solaris Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674933

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Patricia Ostaszewski

Mailing Address 14 Hospital Drive

City State Zip Code  
Toms River NJ 08755-6402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Rehabilitation  
Hospital of

Occupation  
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674940

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Richard A. Pitman

Mailing Address 219 West Van Sant Avenue

City State Zip Code  
Linwood NJ 08221-1732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shore Memorial Hospital

Occupation  
Senior Advisor Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 14674943

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harold C Warman, Jr., FAC

Mailing Address P O Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Russell Johnson

Mailing Address 106 Blanca Avenue

City

Alamosa

State

CO

Zip Code

81101-2393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Luis Valley Regional  
Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675432

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bo Ryall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 419 Natural Resources Drive		<b>Transaction ID:</b> 14675433
City Little Rock	State AR	Zip Code 72205-1576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Arkansas Hospital Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ted Woddrell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 17006		<b>Transaction ID:</b> 14675434
City Fort Smith	State AR	Zip Code 72917-7006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Sparks Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William L. Bradley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 3215 North Hills Boulevard		<b>Transaction ID:</b> 14675435
City Fayetteville	State AR	Zip Code 72703-4007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 341.25
Name of Employer Washington Regional Medical Center	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.25	

**SUBTOTAL** of Receipts This Page (optional) .....

1381.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City State Zip Code  
 Little Rock AR 72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675436

Amount of Each Receipt this Period

325.00

B. Full Name (Last, First, Middle Initial)

Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City State Zip Code  
 Little Rock AR 72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
President Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675442

Amount of Each Receipt this Period

325.00

C. Full Name (Last, First, Middle Initial)

Mr. David Cicero

Mailing Address P O Box 797

City State Zip Code  
 Camden AR 71701-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ouachita Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675443

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Penny Clain		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 205 East Jefferson Street		<b>Transaction ID:</b> 14675444
City State Zip Code Siloam Springs AR 72761-3629	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Siloam Springs Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Tina Creel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 419 Natural Resources Drive		<b>Transaction ID:</b> 14675445
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Paul Cunningham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 419 Natural Resources Drive		<b>Transaction ID:</b> 14675446
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. Dean Davenport

Mailing Address Post Office Box 3667

City State Zip Code  
 Little Rock AR 72203-3667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BKD, LLP

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675464

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B.** Mr. John A. Guest

Mailing Address 1311 South 'I' Street

City State Zip Code  
 Fort Smith AR 72901-4915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sparks Regional Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675465

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Russell D Harrington, Jr.

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code  
 Little Rock AR 72205-7202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675466

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. Helm  
Mailing Address Post Office Box 17006

City State Zip Code  
Fort Smith AR 72917-7006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sparks Regional Medical  
Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675467

Amount of Each Receipt this Period

325.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy E Hill  
Mailing Address 620 North Willow Street

City State Zip Code  
Harrison AR 72601-2994

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Arkansas Regional  
Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14675468

Amount of Each Receipt this Period

325.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Beth Ingram  
Mailing Address 419 Natural Resources Drive

City State Zip Code  
Little Rock AR 72205-1576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676036

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Luther J Lewis, , FACHE

Mailing Address P O Box 1998

City

El Dorado

State

AR

Zip Code

71731-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of South  
Arkansas

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676037

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Raymond W Montgomery, II, FACHE

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White County Medical Cent-  
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676038

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. John C Neal

Mailing Address P O Box 1905

City

Stuttgart

State

AR

Zip Code

72160-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stuttgart Regional Medical  
Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676039

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Scott Peek

Mailing Address P O Box 639

City State Zip Code  
 Danville AR 72833-0639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chambers Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676040

Amount of Each Receipt this Period

325.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Ron Peterson

Mailing Address 624 Hospital Drive

City State Zip Code  
 Mountain Home AR 72653-2955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Regional Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676043

Amount of Each Receipt this Period

325.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Ronald K Rooney

Mailing Address P O Box 339

City State Zip Code  
 Paragould AR 72451-0339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arkansas Methodist Medical  
Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 14676044

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Dr. Stephen Smart, DDS

Mailing Address 318 Thompson

City	State	Zip Code
El Dorado	AR	71730-4569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of South  
ArkansasOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14676045

Amount of Each Receipt this Period

325.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Elisa White

Mailing Address 419 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tionOccupation  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14676046

Amount of Each Receipt this Period

325.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,  
15th Floor

City	State	Zip Code
Columbus	OH	43215-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital AssociationOccupation  
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14676133

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leo F Childers, Jr., FAC

Mailing Address 605 North 12th Street

City State Zip Code  
 Mount Vernon IL 62864-2899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Regional  
Health Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682376

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce Merrell, FACHE

Mailing Address 400 North Pleasant Avenue

City State Zip Code  
 Centralia IL 62801-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682377

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brad Billings

Mailing Address 722 Eagle Trace

City State Zip Code  
 Quincy IL 62305-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blessing Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Brickman  
Mailing Address 333 North Madison Street

City State Zip Code  
Joliet IL 60435-8200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Provena Saint Joseph Medi-  
cal Center

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682380

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert T. Clarke  
Mailing Address 800 North Rutledge Street

City State Zip Code  
Springfield IL 62781-0002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Health System

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682387

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Edgar J Curtis, , R.N.  
Mailing Address 701 North First Street

City State Zip Code  
Springfield IL 62781-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Health System

Occupation  
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682388

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code  
 Downers Grove IL 60515-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central DuPage Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682389

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Colleen Kannaday, , FACHE

Mailing Address 12935 South Gregory Street

City State Zip Code  
 Blue Island IL 60406-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Hospital & Health Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682390

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Wayne M Lerner, , DPH

Mailing Address 2701 West 68th Street

City State Zip Code  
 Chicago IL 60629-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682391

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Mary Lou Mastro

Mailing Address 852 West Street

City State Zip Code  
 Naperville IL 60540-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Linden Oaks Hospital at  
Edward

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682393

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Dennis C Millirons, FACHE

Mailing Address 801 S Milwaukee Avenue

City State Zip Code  
 Libertyville IL 60048-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Condell Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682394

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. David T Ochs

Mailing Address 2500 West Reynolds

City State Zip Code  
 Pontiac IL 61764-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF Saint James - John W.  
Albrecht Med

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682395

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Shehorn  
Mailing Address 1225 Lake Street

City State Zip Code  
Melrose Park IL 60160-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westlake Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682396

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harry Wolin  
Mailing Address P O Box 530

City State Zip Code  
Havana IL 62644-0530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason District Hospital

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682397

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Bomher  
Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682403

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Richard Carlson

Mailing Address 1000 North Allen Street

City State Zip Code  
Robinson IL 62454-1167

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Crawford Memorial HospitalOccupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14682409

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City State Zip Code  
Springfield IL 62704-2516

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Illinois Hospital Associa-  
tionOccupation  
Assistant VP, Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14682419

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Eesley

Mailing Address P O Box 1990

City State Zip Code  
Woodstock IL 60098-1990

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Centegra Memorial Medical  
CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14682420

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin R. England  
Mailing Address 39 Harbauer Lane

City State Zip Code  
Springfield IL 62702-3444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Health System

Occupation  
President, Clinical Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14682422

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Raymond Grady, FACHE  
Mailing Address 2239 Charter Point Drive

City State Zip Code  
Arlington Heights IL 60004-7226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evanston Northwestern Healthcare

Occupation  
President, Hospitals and Clinics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14689086

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan Halfen  
Mailing Address 612 Greendale Road

City State Zip Code  
Glenview IL 60025-3908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evanston Hospital

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14689090

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City State Zip Code  
 Chicago IL 60625-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation  
Director, Advocate Health Care Foundat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14691642

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Keel

Mailing Address 333 North Madison

City State Zip Code  
 Joliet IL 60435-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provena Health

Occupation  
Regional Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14692185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Zbigniew Lorenc

Mailing Address 6710 Concord Trail

City State Zip Code  
 Crystal Lake IL 60012-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Memorial Medical  
Center

Occupation  
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14693821

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City State Zip Code  
Woodstock IL 60098-3678

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centegra Memorial Medical  
Center

Occupation  
Senior Vice President, Women's Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14693822

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City State Zip Code  
Naperville IL 60565-6351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advocate Health Care

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14694255

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Nelson

Mailing Address 1904 Montview

City State Zip Code  
Godfrey IL 62035-1615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Anthony's Health Ce-  
nter

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14694256

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Donna Roach  
Mailing Address 413 Park Avenue

City State Zip Code  
Clarendon Hills IL 60514-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Condell Medical Center

Occupation  
Vice President, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14695475

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Rosenberger  
Mailing Address 32 Rock River Court

City State Zip Code  
Naperville IL 60565-6347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centegra Memorial Medical  
Center

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14695476

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Sanger  
Mailing Address 20 Clear Lake

City State Zip Code  
Centralia IL 62801-3720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Mary's Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14695478

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. David A Schertz

Mailing Address 5666 East State Street

City State Zip Code  
 Rockford IL 61108-2472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OSF Saint Anthony Medical  
Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14695479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City State Zip Code  
 Woodstock IL 60098-8881

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centegra Memorial Medical  
Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14696858

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City State Zip Code  
 Crystal Lake IL 60012-3740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centegra Health System

Occupation  
Chief Quality Officer/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14696862

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. JoAnna White

Mailing Address 20719 Highview

City State Zip Code  
 Marengo IL 60152-9687

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Centegra Northern Illinois  
 Medical Cen

Occupation  
 Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14697479

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James M. Sanger

Mailing Address 20 Clear Lake

City State Zip Code  
 Centralia IL 62801-3720

FEC ID number of contributing federal political committee.

C

Name of Employer  
 St. Mary's Hospital

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14700495

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Nordwick

Mailing Address P O Box 1450

City State Zip Code  
 Douglas WY 82633-1450

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Memorial Hospital of Conv-  
 erse County

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14703946

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J. Perdue		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 2005 Warren Avenue Post Office Box 249		<b>Transaction ID:</b> 14703948	
City Cheyenne	State WY	Zip Code 82001-3725	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wyoming Hospital Association		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles F. Harms		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 2520 Moonlight Ct.		<b>Transaction ID:</b> 14703950	
City Cheyenne	State WY	Zip Code 82009-8572	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cheyenne Regional Medical Center		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kenneth Hanover		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 3200 Burnet Avenue		<b>Transaction ID:</b> 14705636	
City Cincinnati	State OH	Zip Code 45229-3019	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance of Greater Cincinnati		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....

1625.00

TOTAL This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lynn M Abrahamsen

Mailing Address 701 Park Avenue South

City State Zip Code  
Minneapolis MN 55415-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hennepin County Medical  
Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716129

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716131

Amount of Each Receipt this Period

390.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debra K Boardman

Mailing Address 323 South Minnesota Street

City State Zip Code  
Crookston MN 56716-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverview Healthcare Asso-  
ciation

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716133

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Rocklon Chapin Mailing Address 407 E. Third St. City State Zip Code Duluth MN 55805-1984 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Mary's/Duluth Clinic Health System Occupation Exec. VP/Sr. Officer, SMDC Hospital D Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> 14716152 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James Christensen, MD Mailing Address St. Joseph-St. Anthony Health P.O. Box 4227 City State Zip Code Tampa FL 33677-4227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Joseph's Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> 14716153 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Susan Doherty Mailing Address 720 Fourth Street North City State Zip Code Fargo ND 58122-4520 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MeritCare Health System Occupation Manager Public Policy and Government R Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> 14716161 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr David Erickson

Mailing Address P O Box 38

City State Zip Code  
Yankton SD 57078-0038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Health

Occupation  
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716163

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Eustis

Mailing Address 2450 Riverside Avenue

City State Zip Code  
Minneapolis MN 55454-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Health Services

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716248

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David Feinwachs

Mailing Address 2550 University Avenue West  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Association

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716251

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code  
 Bemidji MN 56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.45

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716355

Amount of Each Receipt this Period

190.00

B. Full Name (Last, First, Middle Initial)

Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
 Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716398

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr. Dennis C Miley

Mailing Address 415 North Jefferson Street

City State Zip Code  
 Wadena MN 56482-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-County Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716427

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter E Person, , M.D.  
Mailing Address 502 East Second Street

City State Zip Code  
Duluth MN 55805-1982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's/Duluth Clinic  
Health SystemOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716461

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J Reiner  
Mailing Address 200 North Elm Street

City State Zip Code  
Onamia MN 56359-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mille Lacs Health SystemOccupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716477

Amount of Each Receipt this Period

450.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Rueben  
Mailing Address 4885 Pheasant Court South

City State Zip Code  
Afton MN 55001-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716478

Amount of Each Receipt this Period

231.00

SUBTOTAL of Receipts This Page (optional) .....

931.00

TOTAL This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Dr. Peter Smith, M.D.

Mailing Address 100 Fallwood Road

City State Zip Code  
 Redwood Falls MN 56283-1828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Redwood Area Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716504

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City State Zip Code  
 Mora MN 55051-1899

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kanabec Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716512

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Carl P Vaagenes

Mailing Address 815 Second Street SE

City State Zip Code  
 Little Falls MN 56345-3596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Gabriel's Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 14716513

Amount of Each Receipt this Period

425.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City State Zip Code  
Hutchinson MN 55350-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hutchinson Area Health Ca-  
reOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716515

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Peggy Westby

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716519

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lori L. Wightman

Mailing Address P O Box 577

City State Zip Code  
New Ulm MN 56073-0577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Ulm Medical CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	7

Transaction ID: 14716521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Gibbons

Mailing Address Five New England Executive Park

City State Zip Code  
Burlington MA 01803-5010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Vice President, Government Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716534

Amount of Each Receipt this Period

550.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dale M Lodge

Mailing Address 41 Highland Avenue

City State Zip Code  
Winchester MA 01890-1496

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Winchester Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716535

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Ponte

Mailing Address 2014 Washington Street

City State Zip Code  
Newton Lower Falls MA 02462-1607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newton-Wellesley Hospital

Occupation  
Manager, Environmental Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716536

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Palumbo

Mailing Address 330 Mount Auburn Street

City State Zip Code  
Cambridge MA 02138-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mount Auburn Hospital

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716537

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Trace Hicks

Mailing Address 10 Fox Hollow Greene

City State Zip Code  
Delmar NY 12054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accuro Healthcare Systems

Occupation  
Director of Sales, Northeast

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716539

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Thomas E Wilhelmsen, Jr.

Mailing Address P O Box 2014

City State Zip Code  
Nashua NH 03061-2014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern New Hampshire Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716545

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 107 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harvey M Yorke  
Mailing Address 100 Hospital Drive East

City State Zip Code  
Bennington VT 05201-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwestern Vermont Medi-  
cal Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716546

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert C Chapman, , FACHE  
Mailing Address 3000 Galleria Tower, Ste 1700

City State Zip Code  
Birmingham AL 35244-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Vincent's Health Syst-  
em

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14718294

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ellen C Briley  
Mailing Address 987 Drayton Street

City State Zip Code  
Elba AL 36323-1494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elba General Hospital

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14718295

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald Henderson

Mailing Address 8213 Marsh Pointe Drive

City State Zip Code  
Montgomery AL 36117-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Hospital and Clin-  
icOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Transaction ID: 14718296

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Andersen

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duncan Regional HospitalOccupation  
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Transaction ID: 14721250

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City State Zip Code  
Norman OK 73072-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tionOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Transaction ID: 14721252

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joe Duerr			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 501 14th Street			<b>Transaction ID:</b> 14722395	
City State Zip Code Perry OK 73077-5099			Amount of Each Receipt this Period 48.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Perry Memorial Hospital		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 173.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joe Duerr			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 501 14th Street			<b>Transaction ID:</b> 14722398	
City State Zip Code Perry OK 73077-5099			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Perry Memorial Hospital		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1115 East Jasmine			<b>Transaction ID:</b> 14722400	
City State Zip Code Frederick OK 73542-4020			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Memorial Hospital and Physician Group		Occupation Director, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

348.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. B. Joe Gunn

Mailing Address Post Office Box 326

City State Zip Code  
Vinita OK 74301-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craig General HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Transaction ID: 14724050

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Debbie Howe

Mailing Address Post Office Box 489

City State Zip Code  
Okeene OK 73763-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weatherford Regional HospitalOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Transaction ID: 14724052

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda Jones

Mailing Address 122 North 12th Street

City State Zip Code  
Frederick OK 73542-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Physician GroupOccupation  
Nursing Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Transaction ID: 14724660

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Greg Martin

Mailing Address 1310 South Main Street

City State Zip Code  
 Grove OK 74344-1348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Integris Grove General Ho-  
spital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724663

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Sheryl R. McLain, MS

Mailing Address 2301 Steeplechase Road

City State Zip Code  
 Edmond OK 73034-5893

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation  
Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724665

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Gloria Thurman

Mailing Address 319 East Josephine

City State Zip Code  
 Frederick OK 73542-2220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724717

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Karl Weinmeister

Mailing Address 3300 Northwest Expressway

City State Zip Code  
 Oklahoma City OK 73112-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrus Baptist Medical  
Center

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724758

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David D Whitaker, , FACHE

Mailing Address P O Box 1308

City State Zip Code  
 Norman OK 73070-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norman Regional Health Sy-  
stem

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724759

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Winters

Mailing Address 3808 Skyward Circle

City State Zip Code  
 Yukon OK 73099-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation  
Vice President Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code  
Tahlequah OK 74465-1008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tahlequah City Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14724761

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Katie Vaughan

Mailing Address 506 A East Howell Avenue

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR1034595119674

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR1045726219674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1113464219674 Amount of Each Receipt this Period 25.00	
Mailing Address 325 Seventh Street, NW Suite 700				
City Washington State DC Zip Code 20004-2818				
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt Occupation Section Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50		
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613619674 Amount of Each Receipt this Period 40.00	
Mailing Address 325 Seventh Street, NW				
City Washington State DC Zip Code 20004-2818				
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1143013019674 Amount of Each Receipt this Period 21.74	
Mailing Address 325 Seventh Street, NW Suite 700				
City Washington State DC Zip Code 20004-2818				
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt Occupation Legislative Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.53		

P/R Deduction (\$12.50 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

P/R Deduction (\$10.87 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

86.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Marie Mathy

Mailing Address 1660 Lanier Place NW  
Apt. 309

City State Zip Code  
Washington DC 20009-2947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager/PAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1300853719674

Amount of Each Receipt this Period

20.84

P/R Deduction (\$10.42 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Emily Claire Francis

Mailing Address 1200 North Veitch Street  
Apt. 1023

City State Zip Code  
Arlington VA 22201-5818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1315883919674

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-W-  
eekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alex White, Jr.

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR1339349919674

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Frances Margolin  
Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Operatinos HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1347702719674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack A. Mackay  
Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1347703619674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda Fishman  
Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327629119674

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City

Lake Barrington

State

IL

Zip Code

60010-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, PMGs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727319674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745919674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debra J. Stock

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777819674

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-WashingtOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR327801719674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse ExecutiOccupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR327812019674

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-ChicagoOccupation  
Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR327846219674

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional) .....

149.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008City State Zip Code  
Washington DC 20008-2614FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851919674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700City State Zip Code  
Washington DC 20004-2818FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858019674

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.31

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877819674

Amount of Each Receipt this Period

86.98

P/R Deduction (\$43.49 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

216.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F. Bergstrom

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327895719674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes, M.D.

Mailing Address 1610 Tahiti Court

City State Zip Code  
 Gulf Breeze FL 32563-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
COO, Center for Healthcare Governance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328006019674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328132819674

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
American Hospital Association-Chicago

Occupation  
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136919674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code  
Chicago IL 60640-1318

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223819674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code  
Silver Spring MD 20906

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224919674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			<b>Transaction ID:</b> PR328260919674	
City Washington State DC Zip Code 20004-2818			Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Hospital Association-Washingt		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>880.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1221 Cavalier Road			<b>Transaction ID:</b> PR328310419674	
City Arnold State MD Zip Code 21012-2126			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Hospital Association-Washingt		Occupation Sr. Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>800.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1001 N. Potomac St.			<b>Transaction ID:</b> PR328312719674	
City Arlington State VA Zip Code 22205-1629			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>800.00</div>		
<b>P/R Deduction (\$40.00 Bi-Weekly)</b>				
<b>P/R Deduction (\$50.00 Bi-Weekly)</b>				
<b>P/R Deduction (\$50.00 Bi-Weekly)</b>				

**SUBTOTAL** of Receipts This Page (optional) .....

**280.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			<b>Transaction ID:</b> PR328341819674	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Director, Political Action & Grassroot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>880.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			<b>Transaction ID:</b> PR328490119674	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>21.74</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Sr. Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>206.53</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 200 Clover Hill Court			<b>Transaction ID:</b> PR328511819674	
City State Zip Code Yardley PA 19067-5736			Amount of Each Receipt this Period <div>95.20</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Chicago		Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1047.20</div>		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$10.87 Bi-Weekly)

P/R Deduction (\$47.60 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

**196.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Alicia N. Mitchell  
Mailing Address 909 N. Madison St.

City State Zip Code  
Arlington VA 22205-1655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512019674

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Chickey  
Mailing Address AHA  
One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013419674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Robyn Cooke  
Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director Executive Br

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329084419674

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

133.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215719674

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

**B.** Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Services Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330343319674

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

**C.** Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330411619674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR330475419674

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code  
Arlington VA 22205-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR330534319674

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive  
Unit 2303

City State Zip Code  
Chicago IL 60611-7424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR330547719674

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549219674

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

V.P., Advocacy &amp; Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.28

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776119674

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.26

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304219674

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

121.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1317.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416019674

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls Street

City State Zip Code  
 Falls Church VA 22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533219674

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR346168119674

Amount of Each Receipt this Period

41.66

P/R Deduction (\$20.83 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

241.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Senior Director Executive Branch Relat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 843.20		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR517619719674 Amount of Each Receipt this Period 78.40 P/R Deduction (\$39.20 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson Mailing Address 606 South Royal Street City Alexandria State VA Zip Code 22314-4142 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.78		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR766023719674 Amount of Each Receipt this Period 38.48 P/R Deduction (\$19.24 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR876637219674 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		136.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)  
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR936292319674

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

20.00

TOTAL This Period (last page this line number only) .....

114111.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 156

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing  
federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 14633046

Amount of Each Receipt this Period

35000.00

**B.** Full Name (Last, First, Middle Initial)  
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code  
Harrisburg PA 17105-8600

FEC ID number of contributing  
federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

84950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 14660512

Amount of Each Receipt this Period

39950.00

**C.** Full Name (Last, First, Middle Initial)  
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing  
federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 14671830

Amount of Each Receipt this Period

7500.00

**SUBTOTAL** of Receipts This Page (optional) .....

82450.00

**TOTAL** This Period (last page this line number only) .....

82450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 156

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3444.65

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 14726488

Amount of Each Receipt this Period

387.52

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

387.52

**TOTAL** This Period (last page this line number only) .....

387.52

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726498

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

4.50

Merchant Fees

Full Name (Last, First, Middle Initial)

## **B. Merchant Bankcard**

Mailing Address 1601 Elm Street

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726592

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

80.00

Merchant Fees

Full Name (Last, First, Middle Initial)

## **C. Merchant Bankcard**

Mailing Address 1601 Elm Street

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726600

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

193.94

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

278.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726508

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

50.15

Merchant Fees

Full Name (Last, First, Middle Initial)

**B.** Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726603

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

76.92

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

127.07

**TOTAL** This Period (last page this line number only) .....

405.51

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Serrano For Congress

Mailing Address 275 Madison Avenue

City State Zip Code  
New York NY 10016

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jose E. Serrano

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 16

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14724762

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14725332

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Bob Brady For Congress

Mailing Address 2000 Market Street Suite 500

City State Zip Code  
Philadelphia PA 19103

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert A. Brady

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 1

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14724764

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** David Davis Victory Fund

Mailing Address 2016 Northwood Drive

City Johnson City State TN Zip Code 37601

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. David Davis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 1

Transaction ID: 14724755

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Jobs, Opportunity & Education, PAC (JOE-

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14724745

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** Patrick Murphy For Congress

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Patrick Murphy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 8

Transaction ID: 14724835

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. ROYB - Rely on Your Beliefs Fund**

Mailing Address 1300 Pennsylvania Avenue, NW  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726477

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **B. Friends Of John Peterson**

Mailing Address 114 W. State Street  
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John E. Peterson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726512

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph R. Pitts

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 16

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726510

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. AMERIPAC: The Fund for a Greater America**

Mailing Address 1341 G Street, NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14726471

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **B. Stephanie Tubbs Jones For U.S. Congress**

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Stephanie Tubbs Jones

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 14726496

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Kind For Congress Committee**

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Kind

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 3

Transaction ID: 14726489

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Hayes For Congress

Mailing Address Post Office Box 2000

City State Zip Code  
Concord NC 28026

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robin C. Hayes

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 8

Transaction ID: 14726601

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Patrick J. Kennedy Inc.

Mailing Address P.O. Box 321

City State Zip Code  
Pawtucket RI 02860

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Patrick J. Kennedy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 14726480

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Welch For Congress

Mailing Address PO Box 1086

City State Zip Code  
Montpelier VT 05601

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Peter Welch

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 1

Transaction ID: 14726478

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Carney For Congress

Mailing Address PO Box A

City  
Clarks Summit

State  
PA

Zip Code  
18411

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Christopher Carney

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 14726594

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Citizens For Altmire

Mailing Address PO Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Mr. Jason Altmire

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 14726500

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Zach Wamp

Mailing Address P.O. Box 24804  
651 E. Fourth St. Suite 200

City  
Chattanooga

State  
TN

Zip Code  
37422

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Zach Wamp

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 3

Transaction ID: 14728862

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Texans For Lamar Smith

Mailing Address PO Box 6155

City  
San Antonio

State  
TX

Zip Code  
78209

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lamar S. Smith

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 21

Transaction ID: 14726626

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City  
Hackensack

State  
NJ

Zip Code  
07602

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steven R. Rothman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 9

Transaction ID: 14726629

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Tiahrt For Congress

Mailing Address 2250 N Rock Rd #118 A

City  
Wichita

State  
KS

Zip Code  
67226

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Todd Tiahrt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 4

Transaction ID: 14726640

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 6

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14728854

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 6

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14728858

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 7

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14726631

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** SnowPAC

Mailing Address 175 South West Temple  
Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726613

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**B.** LA PAC

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726612

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Phil Hare

Mailing Address P.O. Box 4183

City Rock Island State IL Zip Code 61202

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Philip Hare

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 17

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726623

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. McNerney For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jerry McNerney

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 11

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14726621

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate 2008 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Void of 9/07 check

Candidate Name  
Sen. Lamar Alexander

Office Sought: ☐ House  
☒ Senate  
☐ President

State: TN District: 1

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 14729760

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

-1000.00

Void of 9/07 check

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214  
East Mt Vernon St

City Somerset State KY Zip Code 42502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Harold Rogers

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14729259

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends For Jim McDermott

Mailing Address PO Box 21786

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim McDermott

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 7

Transaction ID: 14729372

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822  
P.O. Box 822

City  
Cape Girardeau

State  
MO

Zip Code  
63702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jo Ann Emerson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 8

Transaction ID: 14729380

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City  
Satellite Beach

State  
FL

Zip Code  
32937

Purpose of Disbursement  
2012 Contribution

Candidate Name  
Sen. Bill Nelson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 1

Transaction ID: 14729135

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Lewis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 14729381

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Lewis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 14729387

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Tom Davis For Congress

Mailing Address 6429 Downing Court

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas M. Davis, III

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: 14729233

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard E. Neal

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 14729247

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard E. Neal

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 14729248

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Castle Campaign Fund

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael N. Castle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 14729256

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Ron Kind011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 3

Transaction ID: 14729394

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. CHC-BOLD PAC:Building our Leadership Diversity PAC**

Mailing Address Post Office Box 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14729039

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Michael D. Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 3

Transaction ID: 14729388

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City  
St. Louis

State  
MO

Zip Code  
63143

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Russ Carnahan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 3

Transaction ID: 14729251

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Battle Born PAC

Mailing Address 1155 21st Street, NW  
Suite 300

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14728871

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** All America PAC

Mailing Address 607 14th Street, NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14728922

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. HARVEST PAC**

Mailing Address 236 Massachusetts Ave., NE  
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14729082

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **B. Democratic Freshmen PAC**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2007 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14728985

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **C. Adam Smith For Congress Committee**

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Adam Smith

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 9

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14729434

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City  
Fremont

State  
CA

Zip Code  
94537

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Fortney Peter Stark

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 14729416

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Sue Myrick For Congress**

Mailing Address P.O. Box 37091

City  
Charlotte

State  
NC

Zip Code  
28237

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Sue Wilkins Myrick

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 9

Transaction ID: 14729402

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address P.O. Box 12567

City  
Columbia

State  
SC

Zip Code  
29211

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James E. Clyburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 6

Transaction ID: 14729404

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James E. Clyburn

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 6

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729413

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Saxby Chambliss

Office Sought: ☐ House  
☒ Senate  
☐ President

State: GA District: 1

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729422

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Jobs, Opportunity & Education, PAC (JOE-

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2007 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729396

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

4000.00

2007 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. Tuesday Group PAC**

Mailing Address PO Box 40385

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
2007 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14729395

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

## **B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City  
Blackfoot

State  
ID

Zip Code  
83221

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael K. Simpson

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 2

Transaction ID: 14729492

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Reyes Committee, Inc., The**

Mailing Address 1011 Montana Ave.

City  
El Paso

State  
TX

Zip Code  
79901

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Silvestre Reyes

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 16

Transaction ID: 14729527

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Mary L. Landrieu

Office Sought: ☐ House  
☒ Senate  
☐ President

State: LA District: 1

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14729489

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Mary L. Landrieu

Office Sought: ☐ House  
☒ Senate  
☐ President

State: LA District: 1

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 14729490

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Shelley Berkley

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 1

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14729533

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Shelley Berkley

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 1

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729534

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** LoBiondo For Congress

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank A. LoBiondo

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729541

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Diana DeGette

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 1

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14729540

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Michaud For Congress

Mailing Address 213 Lisbon Street

City  
Lewiston

State  
ME

Zip Code  
04240

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael H. Michaud

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 2

**Transaction ID: 14729521**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** BRIDGE PAC

Mailing Address 499 South Capitol St., SW  
Suite 114

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 14729459**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

**C.** Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City  
Concord

State  
NH

Zip Code  
03301

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Paul W. Hodes

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 2

**Transaction ID: 14729509**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

98000.00